



**NORTH DAKOTA DEPARTMENT OF HEALTH  
TITLE V PERMIT TO OPERATE  
RENEWAL APPLICATION**

Division of Air Quality  
SFN52824 (12-05)

In accordance with 33-15-14-04.c. of the North Dakota Air Pollution Control Rules a Title V permit renewal application must be submitted to the Department at least six months, but no more than eighteen months, prior to the expiration date. Permit renewal applications are incomplete unless all information requested herein is supplied:

**PART 1. GENERAL APPLICATION INFORMATION**

Owner's Name

Facility Name

Name of Person Completing Application \_\_\_\_\_ Telephone No.

Title

Current Operating Permit Number

Expiration Date of Current Operating Permit \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PART 2. COMPLIANCE CERTIFICATION**

**A. Schedule for Submission of Compliance Certifications During the Term of the Permit**

Frequency of Submittal

Date Beginning (month/day/year)

**B. Statement of Compliance with Compliance Assurance Monitoring (CAM) and Compliance Certification Requirements**

The facility identified in this application is in compliance with applicable monitoring and compliance certification requirements.

- ☐ Yes  
☐ No - Describe below which requirements are not being met:  
☐ CAM not applicable

### C. Certification of Compliance with all Applicable Requirements

This certification must be signed by a "responsible official" as defined in NDAC 33-15-14-06.1. Forms without a signed certification will be returned as incomplete.

Except for requirements identified in Compliance Schedule and Plan (Section G) of Title V Permit to Operate application forms for which compliance is not achieved, I hereby certify that, based on information and belief formed after reasonable inquiry, the air contaminant source identified in this form is in compliance with all applicable requirements.

Signed	Date
Typed Name	

### PART 3. STATUS OF SOURCE

Has there been any changes to the source since the most recent initial or renewal permit application, minor permit modification, significant modification or administrative permit amendment.

☐ No ☐ Yes

If yes, complete and submit appropriate sections of Title V Permit to Operate application forms.

### PART 4. CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS

Note: This certification must be signed by a "responsible official" as defined in NDAC 33-15-14-06.1.

Applications without a signed certification will be returned as incomplete.

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete.

Name (typed)

(Signed) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone Number

Send original renewal application to:

ND Department of Health  
Division of Air Quality  
918 E Divide, 2nd Floor  
Bismarck, ND 58501-1947

Send copy of renewal application to:

Unit Leader, Air Technical  
Assistance Unit (8P-AR)  
U.S. EPA, Region VIII  
One Denver Place  
999 18<sup>th</sup> Street, Suite 300  
Denver, CO 80202-2466